

*Statement of*  
**VIETNAM VETERANS OF AMERICA**



*SUBMITTED BY*

**Richard F. Weidman**  
Executive Director  
for Policy and Government Affairs

**BEFORE THE**

**HOUSE VETERANS AFFAIRS COMMITTEE**

**REGARDING**

**THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL AND  
PROSTHETIC RESEARCH PROGRAMS**

**JUNE 7, 2006**

Chairman Buyer and distinguish members of the House Veterans Affairs Committee, on behalf of Vietnam Veterans of America (VVA) and our National President John P. Rowan, I thank you and your distinguished colleagues for the opportunity to testify before you today regarding our views on VA research programs.

VVA has been concerned about the use of VA Medical & Prosthetic Research & Development (R&D) funds for many years. As you know, VVA strongly believes that the VA health care system must move toward becoming a true veterans' health care system and not just a general health care system that happens to be for veterans. Similarly, the R&D funds that VA receives should be spent, in the main, on research that will directly impact the quality of care of veterans, and particularly will help VA practitioners better care for those wounds and maladies that are a result of the veterans' military service.

VVA has testified to this effect countless times over the years before this Committee. We have made our case to a succession of Secretaries and other officials at the VA, including a succession of Directors of Research & Development. In 2002 we thought that finally we had a director of that activity that would be responsive to this most central need of the VA health care system. However, that R&D Director left the VA, and the Deputy Director that also agreed with that key central priority was also forced out.

Dr. Kupersmith has now been the head of Research & Development for more than a year now, and has yet to even meet with the veterans service organizations to ask any of us what we think the priorities should be in this area. Despite the lack of reaching out on his part, many of us have repeatedly made clear two things to the Congress, to the Undersecretary, and to others: one, our commitment to having adequate research funds at the VA in order to attract and retain the best physicians is of high priority; and, two, research at VA should be related to the wounds, injuries, and maladies that are or may have been caused by virtue of military service.

The National Institutes for Health (NIH) has a budget that is so much larger than the VA research budget that it is no exaggeration to say the VA program is "decimal dust" in comparison to the funding accorded to NIH. The VA is doing an increasingly good job of seeking out cooperative research arrangements, and in many cases outside research funding for specific projects. However, there just is not enough in the way of resources to try and "be all things to all people" in the research undertaken at VA and the affiliated schools that use the VA facilities.

I believe that we are all very much aware of how much has been done with comparatively little at the VA, from the revolutionary "C" leg that has made such a dramatic positive difference in the lives of high bi-lateral amputees, to the recent advances in research regarding Parkinson's disease, to the identification of the Hepatitis C, to the work that led to the first successful liver transplants ever, all of which were done at VA facilities or affiliated institutions. There is also much work that has contributed to the understanding of the deep brain functions, and much extraordinary and extremely valuable work that has been done on schizophrenia. As the onset of this terrible disease typically happens in the

late teens or early twenties, when many young Americans are serving in the military, there is the opportunity to study this disease with an abundance of subjects. While much of this work has been done through the Mental Illness Research & Educational Centers (MIRECC), much has been done through the, a great deal has also been done via funding from the Research office as well.

VVA has consistently strongly advocated before this committee and the Appropriations committees for more funding for research at the VA, at the same time as we have pressed for more focus on the needs of veterans.

### **National Institutes of Health (NIH)**

VVA also wishes to bring to the attention of this committee the fact that as VA becomes more adroit in securing grants from NIH entities to do vitally needed research at VA or VA affiliated facilities, the NIH continues to refuse to pay for administrative overhead at the normal rate they would reimburse any other grant recipient at any other grantee's institution. This is nothing short of outrageous on the part of NIH.

The above noted difficulty with securing administrative overhead cost reimbursement is, we believe, just one more instance of NIH not being sensitive to the needs of our nation's veterans, even as we are in a time of war.

Another such instance is the fact that we know of no "veteran specific" grant from any of the National Institutes. The NIH has subgroup specific grants for seemingly every other discrete group of Americans, but not for veterans. Even the grants awarded to the VA are not really veteran specific, but rather "general" research grants. The problem with the way in which most of these projects are carried out, however, is that unless veteran status (and thus hazardous exposures) that veterans have is taken into account and tested against the "null hypothesis" then it is not only not going to be of maximum use to treating veterans at the VA and elsewhere, but it is just bad science.

VVA urges you to reach out to your colleagues in the committee of jurisdiction in the House to address both of these issues outlined above before the end of the 109<sup>th</sup> Congress, to set the stage for definitive and effective corrective action next year.

### **Genome Mapping**

The Secretary of Veterans Affairs has announced that the VA is launching a major and very expensive multi-year effort to map the genes of every living American veteran, or at least those who utilize the VA and who are in the military today, who will soon become veterans.

VVA believes that this is an interesting idea, but one that is fraught with problems and difficulties. First, VVA opposes this expenditure of funds from the VA's relatively meager resources. There are many research projects that can be done that will result in

better and more effective treatment for veterans within just a few short years, whereas it is a long shot as to whether this project will ever be useful to VA physicians in the direct care of the specialized wounds and maladies that veterans suffer by virtue of military service to country.

It is said that this effort will benefit all Americans. If so, let the NIH do it and/or pay the total and complete cost of it.

Second, until the complete privacy of any additional personal information held by VA can be certified, VVA opposes the gathering of any additional data. The policies and Information Technology (IT) systems that VA has now are not nearly stringent enough for the data they already have, as witness the mess that has come to light in the past month.

Third, VVA questions the fact that there are funds to mount this very expensive effort, which may or may not be of some use to veterans at least indirectly at some time in the distant future, but there is no money to meet the requirements of Public Law 106-419 and complete the National Vietnam Veterans Longitudinal (Lifetime) Study? This is just preposterous and a matter of legitimate outrage to VVA, as it should be to all of the distinguished Members of this Committee.

### **National Vietnam Veterans Longitudinal Study**

In 1984 the Congress directed VA to initiate a large-scale survey of the psychiatric and socio-medical components of Post Traumatic Stress Disorder (PTSD) in Vietnam and Vietnam-era veterans. VA contracted with the Gallup organization to produce the statistically valid sample populations, and with Research Triangle Institute (RTI) to actually conduct the study, which included face-to-face interviews. This study, commonly referred to as the National Vietnam Veterans Readjustment Study (NVVRS), is the largest nationwide psychiatric study ever done to date.

Results of the NVVRS demonstrated that some 15.2 percent of all male and 8.5 percent of all female Vietnam theater veterans were current PTSD cases (i.e., at some time during six months prior to interview). Rates for those exposed to high levels of war zone stress were dramatically higher (i.e., a four-fold difference for men and seven-fold difference for women) than rates for those with low-moderate stress exposure. Rates of lifetime prevalence of PTSD (i.e., at any time in the past, including the previous six months) were 30.9 percent among male and 26.9 among female Vietnam theater veterans. Comparisons of current and lifetime prevalence rates indicate that 49.2 percent of male and 31.6 percent of female theater veterans, who ever had PTSD, still had it at the time of their interview.

The NVVRS also found that while African American veterans and Latino veterans had a higher rate of PTSD, they were much less likely to seek assistance. This and other

findings made it possible for VA to better shape policies and service delivery mechanisms to deliver more effective services to veterans, especially combat veterans.

The NVVRS was a landmark investigation in which a national random sample of all Vietnam Theater and Vietnam era (those who served at the time, but not in Southeast Asia) veterans, who served between August 1964 and May 1975, provided definitive information about the prevalence and etiology of PTSD and other mental health readjustment problems. The study over-sampled African-Americans and Latinos, as well as women, enabling conclusions to be drawn about each subset of the veterans' population. A small follow up study was done shortly thereafter that produced similar results regarding Native Americans.

Initially it was only through the NVVRS that the American public and medical community becomes aware of the high rates of current and lifetime PTSD, and of the long-term consequences of high stress war zone combat exposure. Because of its unique scope, the NVVRS has had a large effect on VA policies, health care delivery and service planning. In addition, because the study clearly demonstrated high rates of PTSD and strong evidence for the persistence of this disease, it became a seminal work in the field that has made possible such effective efforts as administering to those who suffered PTSD as a result of being involved directly in the attacks on 9/11.

In 2000 Congress, by means of Public Law 106-419, mandated the VA contract for a subsequent report, using the exact same participants, to assess their psychosocial, psychiatric, physical, and general well being of these individuals. It would enable it to become a longitudinal study of the mortality and morbidity of the participants, and draw conclusions as to the long-term effects of service in the military period, as well as about service in the Vietnam combat zone in particular. The law requires that VA use the previous report as the basis for a longitudinal study. In 2000 the VA solicited proposals for non-VA research institutions to conduct a longitudinal study of the physical and mental health status of a population of Vietnam era veterans originally assessed in the NVVRS. Research Triangle Institute (RTI) was awarded the contract.

It is apparent that a longitudinal follow-up to the NVVRS is necessary in order to meet the requirements of the law, and to do just what makes sense in both policy and scientific terms. Not only has the VA failed to meet the letter of the law, there has been no effort to build upon the resources accumulated from this unique and comprehensive study of Vietnam veterans in a highly cost-efficient and scientifically compelling manner. More important, however, is that such a longitudinal study could provide clues about which VA health care services are effective and about ways to reach the veterans who receive inadequate services or do not seek them at all. And this has important consequences for America's current and future veterans.

**VA Acting in a Contemptuous Manner**

It is now clear that the VA is being contemptuous of the law and the Congress, and plain refusing to do the study. They are trying to justify this by means of specious pseudo-scientific reasons, and use the failed "Twins" study data base at the Centers for Disease Control (CDC) because they do not want a longitudinal study nor do they want to have validated the results of what the NVVLS may demonstrate in regard to very high mortality and morbidity of Vietnam veterans, especially those most exposed to combat. While VVA has written to the Secretary regarding this matter, we have never received a substantive reply that makes any sense.

Frankly, VVA would take them to Federal court after exhausting administrative remedy which we have done), but the case law demonstrates that the judiciary in the last twenty years believes that it is up to the Congress to enforce such mandates on the Executive branch to perform such studies. The only way for the Congress to force VA to comply with the law is by means of the appropriations process and/or by means of this Committee publicly and vocally refusing to absorb this blatant disrespect for the clear need, the law, and for this Committee.

Mr. Chairman, there is much that is excellent and deserving of great respect in the Research program, and in the qualities of the individuals who are the top leaders of the Veterans Health Administration (VHA) and of VA in general. However, their behavior in regard to this study can only be regarded as inimical to their own principles. The reasons for not proceeding with the NVVLS, at a cost of about \$17 million, are seemingly that they do not want the results or the information that they think might be contained in the results of the longitudinal study. This is not a medical or a scientific decision, as that would involve the search for truth wherever it led. Sadly, one can only draw the conclusion that this is a political decision.

Hopefully, with your bold leadership and help in this matter Mr. Chairman, this study can be completed within the next tow to two and one half years, so that we will be better prepared to meet the needs of our veterans returning from OIF/OEF, as well as better meeting the needs of Vietnam veterans.

Mr. Chairman, again all of us at VVA thank you for this opportunity to present our testimony before you today. I will be pleased and honored to answer any questions that you or your distinguished colleagues may have.

**VIETNAM VETERANS OF AMERICA  
Funding Statement  
June 7, 2006**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

Executive Director for Policy & Government Affairs  
Vietnam Veterans of America.  
(301) 585-4000 extension 127

**RICHARD WEIDMAN**

Richard F. “Rick” Weidman serves as Executive Director for Policy & Government Affairs of Vietnam Veterans of America (VVA). As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23<sup>rd</sup> Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, and from 1998 to the present, serving variously as Membership Service Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of Governor Mario M. Cuomo (NY) as statewide director of veterans’ employment & training (State Veterans Programs Administrator) for the New York State Department of Labor from 1987 to 1995.

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), Senior Advisor to the Chairman of the Veterans Affairs Committee of the New York State Assembly, and served at various times on the VA Readjustment Advisory Committee, the Secretary of Labor’s Advisory Committee on Veterans Employment & Training, the President’s Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on veterans’ entrepreneurship at the Small Business Administration, and numerous other advocacy posts in veteran affairs. He has testified many times before the Congress, the Institute of Medicine, and other forums, regarding the health care, rehabilitation, and multiple other needs of veterans, particularly disabled veterans.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., (1967), and did graduate study at the University of Vermont.

He is married and has four children.